

**STATE OF WISCONSIN
DEPARTMENT OF EMPLOYEE TRUST FUNDS
801 West Badger Road
Madison, WI 53702**

TRANSMITTAL MEMORANDUM

DATE: March 2000
TO: Participating Health Plans
FROM: Department of Employee Trust Funds
SUBJECT: Transmittal memo regarding Medicare Data Match/Secondary Payer

Enclosed please find a letter(s) that State and/or participating local government employers have received from a Health Care Financing Administration (HCFA) Medicare Part A intermediary. The letter(s) requests repayment of claims incurred by a former employee or covered dependent. In this case, it appears that Medicare paid the claim(s) as the primary carrier but the participant was subsequently identified by the employer as having primary health insurance coverage as an active employee, or his or her covered dependent, at the time the claim(s) was incurred.

This cover memo verifies that the employer's staff who handled the HCFA data match requests has also verified that the named employee was identified to HCFA as having coverage as or through an active employee. ETF is now requesting that the plan now handle the repayment of any claim amounts due Medicare that were incorrectly paid by Medicare as the primary carrier.

If you have any questions about the participant's health insurance coverage at the time of the claim, please contact the employer representative shown below:

Employer Name: _____

EIN (or Group Number): _____

Employer Representative: _____

Phone Number: _____

E-Mail: _____